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|--|------------|---|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |            | <b>Docket Number (Optional)</b><br>246472005200 |             |
| Application Number   |            | Filed   |             |
| 10/623,803   |            | July 22, 2003                                   |             |
| For INTERVERTEBRAL DISC PROSTHESIS   |            |   |             |
| Art Unit   |            | Examiner  |             |
| 3733   |            | A. Ramana                                       |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |            |   |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |   |             |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                         |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460      | \$230   | \$ _____    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050     | \$525   | \$ 1,050.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1640     | \$820   | \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2230     | \$1115  | \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |            |   |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |            |   |             |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee<br>Transmittal Form (PTO/SB/47) is attached to this<br>submission in duplicate. |            |   |             |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form.<br/>                 Provide credit card information and authorization on PTO-2038.</b>   |            |   |             |
| I am the <input type="checkbox"/> applicant/inventor.  |            |   |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |            |   |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,236</u>   |            |   |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.  |            |   |             |
| Registration number if acting under 37 CFR 1.34 _____  |            |   |             |
| <u>Bradley J. Meier</u><br>Signature   |            | February 19, 2008<br>Date                       |             |
| Bradley J. Meier<br>Typed or printed name  |            | (703) 760-7700<br>Telephone Number              |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |            |   |             |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |   |             |